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THE HOMEBOUND ELDERLY: WHO CARES?

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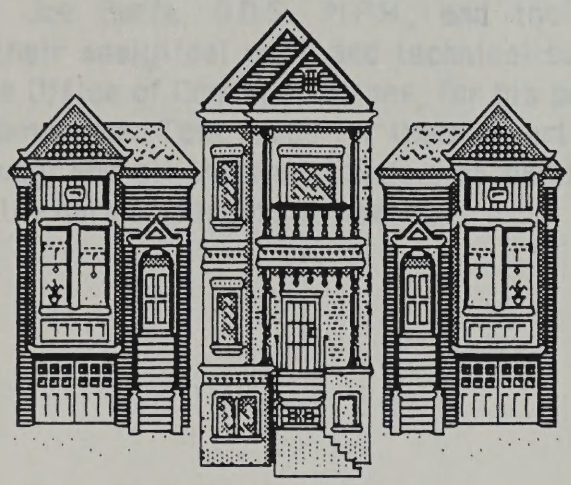
THE HOMEBOUND ELDERLY: WHO CARES?



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One of a Series of Reports on Elderly and In-Home Services by the Bureau of Ambulatory Care

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EXECUTIVE SUMMARY

Meeting the needs of homebound older Americans is increasingly the responsibility of semi-skilled "homemakers". How well is the home care system accommodating these growing demands?

This study examines the home care industry from three perspectives: (1) the 28 state referral offices were surveyed about their ability to find care for frail elders; (2) 118 cost reports and questionnaires from provider agencies were analyzed to assess the efficiency and market behavior of the agencies; and (3) 12,000 homemakers were surveyed about their income and benefits, job satisfaction, work behavior, and general demographic characteristics.

The findings document a significant labor shortage, which results in elders not receiving the full amount of home care needed. Policy implications of these analyses focus on the need to encourage a sufficient supply of home care services so that frail elders can remain independent in their own homes. The worker shortage needs to be addressed through creative labor and reimbursement policies. Recruiting and training people not currently in the full-time workforce, as well as offering flexible compensation packages, might reduce the monthly shortfall between supply and demand for homemaker services. Further, current workers should be assigned the additional hours they desire. Economic incentives need to be examined to encourage provider agencies to improve employee recruitment and maximize their operating efficiency within the home care industry.

Finally, the referral and placement system could be streamlined to ensure that resources are most appropriately allocated in purchasing home care services on behalf of the elderly.

Highlights from the findings include:

A. **Home Care Corporations**

* An average of only 84 percent of the homemaker service hours authorized by case managers were actually delivered to clients during April, July and October 1986.

B. Homemaker Agencies

* The typical agency is an urban, for-profit, multi-service company providing 50,000 to 250,000 hours of homemaker service annually.

* Larger agencies' administrative costs per hour of service tend to be lower than those of smaller agencies.

* An average of 12 homemaker agencies serve each geographic area, although there are wide variations across regions.

* Employee benefit packages offered by agencies vary greatly and may include paid vacation or holiday time, paid sick leave, paid travel time between clients, and some health insurance.

* Worker recruitment problems are most acute in urban areas, but are almost universal.

C. Homemaker Workers

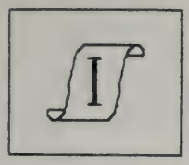
* The typical homemaker is a white, English-speaking 45-year-old female high-school graduate with two children.

* Homemakers work an average of 20.8 hours per week, and twenty-six percent reported they would like to work additional hours each week.

* Two-thirds of workers have health insurance, but only 8 percent report receiving it from their homemaker job. This varies by region and is also related to tenure with a provider agency.

* Workers express considerable satisfaction with their work, with over two-thirds reporting that they like their job "very much".

* If they had to seek another job, 40 percent would stay in human services positions.



INTRODUCTION

At a time when demand for home care services is growing at an unprecedented rate, it is increasingly difficult for the home care work force in Massachusetts to keep pace. The universal problem of finding health care workers to serve the growing demand is exacerbated by conditions of low unemployment. In Massachusetts, the unemployment rate was less than 2.5% in July 1987, the lowest monthly rate in 17 years (Division of Employment Security, September 1987). At the same time, the demand for home care workers surpassed the available supply. Consequently, homebound frail elders may not be receiving the full amount of services necessary to remain independent. As a result of this increased pressure on the health care system, the Massachusetts Rate Setting Commission conducted an examination of the intertwining elements affecting the supply of home care services.

The factors that have led to the rapidly rising demand for home care services are both demographic and financial. The elderly, who comprise a significant portion of home care clients, are becoming an increasingly larger segment of the population. In 1985, there were about 777,000 people over the age of 65 in Massachusetts, 300,000 of whom were over 75 years old. By 1990, it is projected that the population over 65 will grow to 820,000, and the population over 75 will increase by about 23% (The Mass Home Care Program, EOEA, 1986). The demand for home care services will continue to expand.

Concurrent with an aging population, the structure of health care reimbursement also is undergoing rapid changes. The financial incentives of the existing health care reimbursement system no longer encourage extended stays in institutional settings. Nursing homes, once believed to be the optimal place of care for the frail elderly, are now regarded as expensive and oftentimes the option of last resort. For many reasons, efforts are being made to keep the elderly and frail elderly in their own homes as long as possible. Maintaining independence and remaining in familiar settings is considered very important in terms of enhancing the individual's quality of life.

Adding to this demand, the development and implementation of Medicare's prospective payment system encourages both physicians and hospitals to minimize patient-days in the hospital and to treat patients in the home as soon as possible. Furthermore, the burgeoning managed care industry, including HMOs, PPOs, and IPAs, emphasize outpatient care as a means to

keep health care expenditures down.

While physician-ordered skilled home health services are a state-mandated health insurance benefit, and while many hospitals, HMOs and community nursing agencies provide such skilled services, support services for the homebound elderly are less comprehensively addressed.

This paper presents an overview of the non-medical home care system in Massachusetts which assists frail elders in maintaining their independence. We also discuss policy goals and options, within the context of the ever-increasing demand for services and the significant labor shortage.

The Rate Setting Commission, an independent agency within the Executive Office of Human Services, establishes reimbursement policy and sets the fees paid by state programs for medical and social services. The descriptive home care system database developed by the Rate Setting Commission was used to establish a homemaker reimbursement rate structure which encourages efficient, effective and high quality care for the homebound residents of the Commonwealth.[1]

In order to develop a comprehensive database to support informed policy-making, we researched three components of the home care system: one which pertained to the Home Care Corporations that serve as referral and reimbursement gateways to service; one which studied the homemaker agencies; and one which collected data on homemakers themselves.

MASSACHUSETTS HOME CARE SYSTEM: AN OVERVIEW

There are two state-supported home care systems in Massachusetts. One, which is financed primarily by Medicaid, focuses on physician-ordered medical services, such as those provided by Visiting Nurse Associations. The other system is financed primarily by the Executive Office of Elder Affairs (EOEA). EOEA purchases home care visits from Homemaker agencies which are geared toward social and support services. This paper is concerned with the home care services purchased by the Executive Office of Elder Affairs.

[1] For example, our research found a variety of needs and preferences for employee benefits. There also was a call for flexibility in financing new programs to serve special populations such as non-English speakers and AIDS patients. The rate mechanism was revised to provide agencies with the opportunity to structure the benefits and services which are offered to most appropriately meet the unique needs of their workers and client populations. Its purpose is to enable agencies to use their own discretion to most effectively adapt to the environment in which they operate.

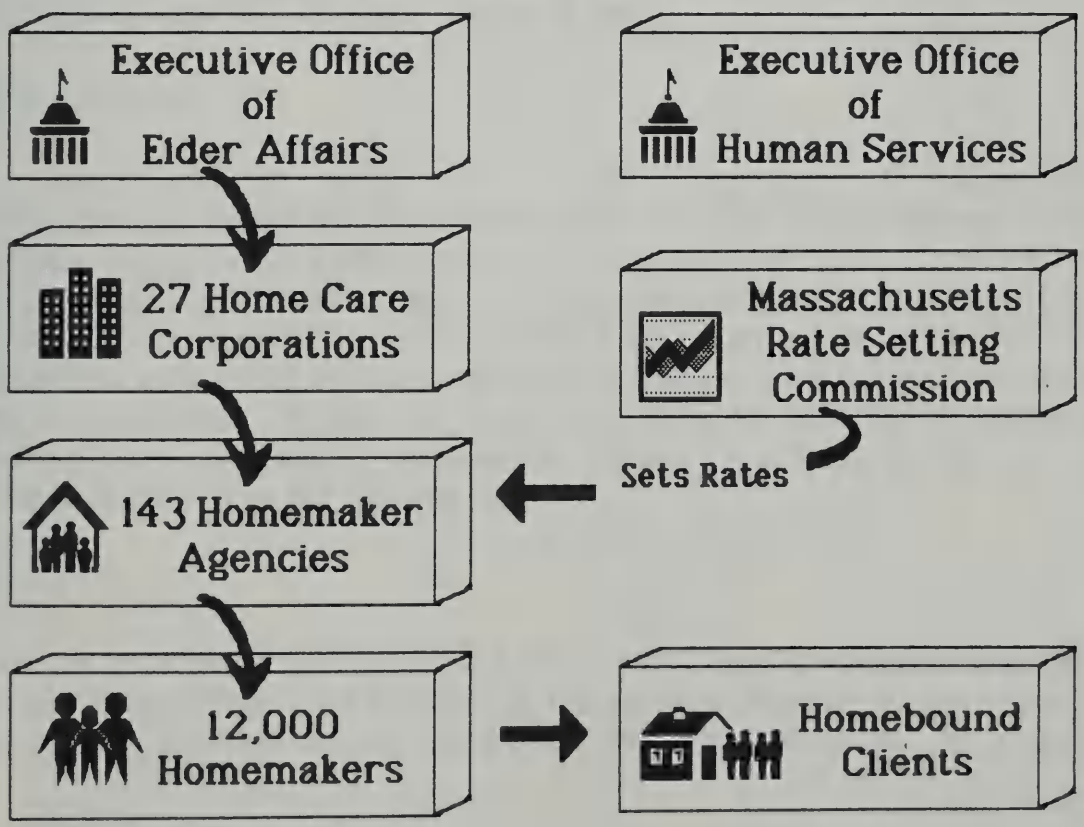
I INTRODUCTION

The reimbursement mechanism for EOEA-purchased home care services is somewhat circuitous. There are 27 independent Home Care Corporations throughout the state which act as the major service brokers on behalf of EOEA. These Home Care Corporations contract with several private homemaker agencies to serve the homebound elderly in the community, using fiscal resources that have been allocated by Elder Affairs. When services are delivered, the homemaker agency bills the Home Care Corporation which in turn bills the state. See Figure 1 (below). The rates of payment established by the Rate Setting Commission determine the amount each provider may be paid by the Commonwealth for each hour of homemaker service provided.

The following sections of this paper address each of the three components of the home care system: Home Care Corporations; Homemaker Agencies; and Homemakers. In the final section, we discuss the policy implications of the findings.

Figure 1

Massachusetts Home Care System



HOME CARE CORPORATIONS

OVERVIEW

Home Care Corporations, which administer the homemaker program, are non-profit, locally controlled agencies. They are responsible for assessing the impairment levels, determining the appropriate level of care for homebound clients, and setting priorities for the distribution of the limited supply of funds and services. The role of the Home Care Corporation, however, goes further than merely distributing state funds to provider agencies.

Case managers, employed by Home Care Corporations, evaluate the needs of new clients, develop care plans, and follow up on the progress of clients. The evaluations consider the clients' physical, cognitive, and emotional health, financial resources, social contacts, and the environment in which they live.

Once the case manager has conducted a client assessment, a determination is made regarding the type and intensity of home care hours to be authorized. Case managers then contract with homemaker agencies to provide the clients with the appropriate level and amount of care.

METHODOLOGY

To understand the overall referral system, aggregate information about home care utilization was examined. Data regarding the operations of Home Care Corporations were obtained from a questionnaire. Each of the 27 Home Care Corporations in the state, as well as the Massachusetts Rehabilitation Commission, was asked to provide information regarding the number of hours of service authorized by case managers at various time periods throughout the previous year. In addition, they were asked to identify the number of hours of service actually provided during the same time periods and the number of clients on the waiting list.

RESULTS

Of the 28 surveys distributed, 27 were completed and returned to the Rate Setting Commission. The findings of the surveys documented the impact of the worker shortage on the homemaker industry. Although the situation

varies by geographic region, it is increasingly difficult for the Home Care Corporations to meet the evergrowing demand for services.

An analysis of the ability of the Home Care Corporations to meet the need for home care services which have been authorized is shown in Table 1 (below) and Figure 2 (page 6). On average, based on three measured time periods from 1986[2] (the months of April, July and October), only 84% of the hours of home care services authorized by the case managers were actually provided by the home care workers. This means that, at the end of every month, there were many clients who had not received the services that were determined to be necessary to remain living at home. On average, 43 clients per Home Care Corporation (HCC) received less than the total number of hours that had been authorized.

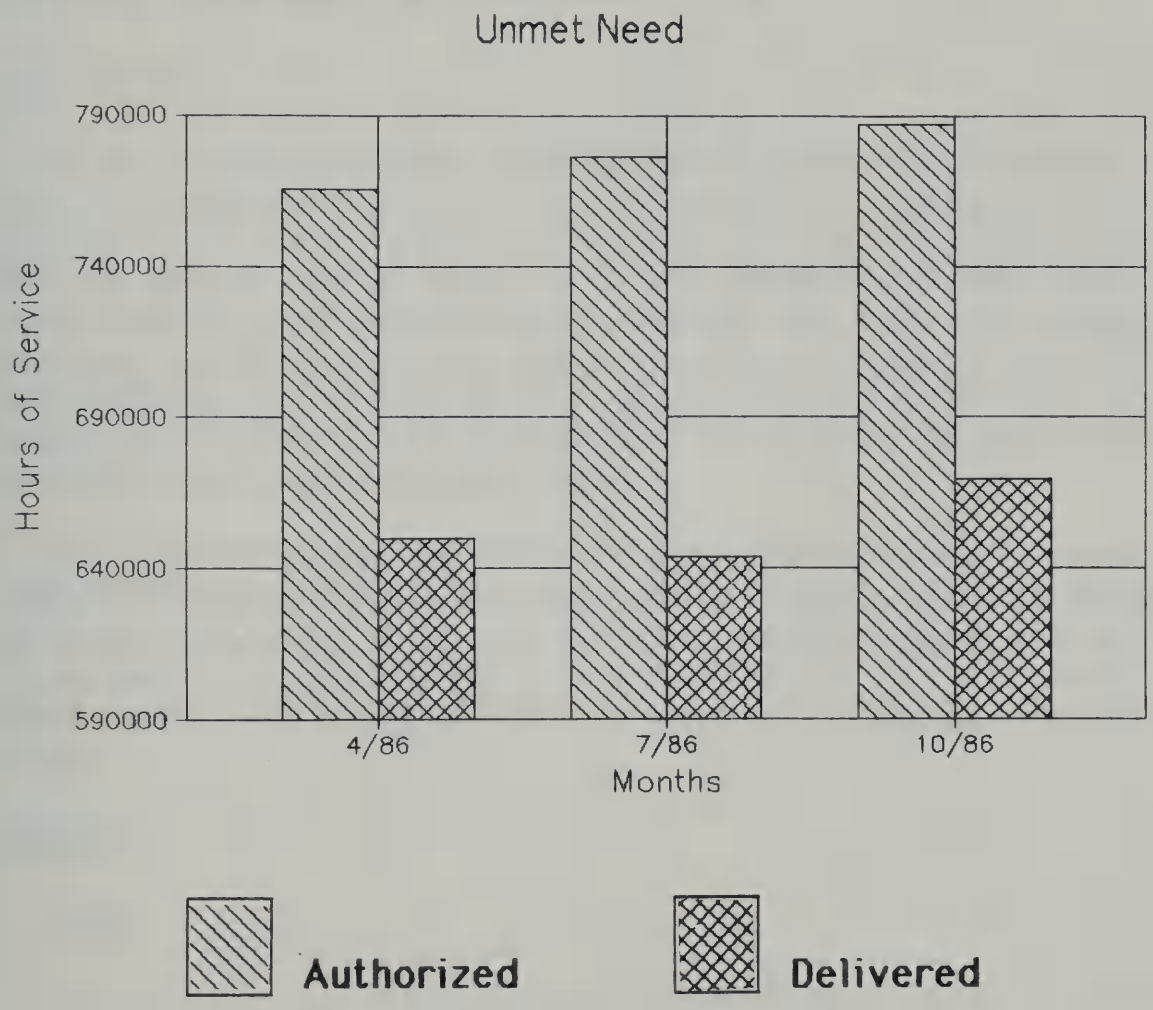
Table 1

A Comparison of the Hours Authorized by HCCs and Delivered during April, July, and October 1986

Hours	April 1986	July 1986	October 1986
Hours of Service AUTHORIZED by 27 HCCs	765,565	776,501	787,174
Hours of Service DELIVERED by 27 HCCs	649,851	643,814	669,637
Hours of Service UNFILLED	115,714	132,687	117,537
Percent of Hours Authorized that Were Provided	84.89%	82.91%	85.07%

[2] Data were requested for the first week of January 1987, however, budgetary and reporting cycles did not allow for this data to be consistently reported.

Figure 2
Services Authorized And Delivered



HOMEMAKER AGENCIES

OVERVIEW

Homemaker agencies serve an intermediate role between the Home Care Corporation's initial client referral and the actual provision of service to the client. These agencies employ, train, and supervise homemakers, and administer the billing for homemaker work.

METHODOLOGY

In two separate analyses, we examined the economic efficiencies of homemaker agencies, and the behavior of such agencies in a market where the toughest competition is to attract employees. The first analysis looked at the cost reports filed by agencies with the Massachusetts Rate Setting Commission for fiscal years ending in 1985 and 1986. This cost analysis provided a line item by line item view of administrative costs, direct costs, and total revenue which could be examined by organizational characteristics such as whether the agency is proprietary or not-for-profit, or whether the agency provides other types of services.

The second analysis was based on a questionnaire sent to agency administrators in which we examined geographic service area, corporate structure, recruitment of workers and other personnel issues, and other operational, market and financial information. Agencies were also asked to provide service and billing statistics for several time periods throughout 1986.

RESULTS

Sample

Cost report data from 118 homemaker agencies in Massachusetts were used to analyze inflated 1985 and 1986 costs. Fifty-six percent of the cost reports were from proprietary agencies while 44 percent were from not-for-profit agencies. Twenty-seven percent of the agencies had changed their corporate structure within the past year. Homemaker/Home Health Aide service was the exclusive business of 27 percent of the agencies. Another 27 percent also provided Medicare-certified skilled services. The remaining 46 percent offered other types of staffing services.

HOMEMAKER AGENCIES

Agency administrators were also asked to respond to a questionnaire on market, employment, operations, and utilization information. Eighty-seven homemaker agencies responded. Several agencies had recently revised their corporate structures. Fourteen percent have been involved in a merger during the past five years; most of these were acquisitions of other agencies.

See Table 2 (below) and Figures 3, 4, 5, and 6 (pages 9 and 10) for a profile of homemaker agencies.

Table 2
Profile of Homemaker Agencies

Profile	Number	Percent
Volume Categories *(Annual Hours)*		
1 - 25,000	34	28.81
25,000 - 50,000	24	20.34
50,000 - 250,000	57	48.31
over 250,000	3	2.54
Organization Type		
Non-profit	51	48.59
Profit - Corporation	33	28.21
Profit - Franchise	8	6.84
Profit - Proprietor	23	19.66
Service Mix		
Homemaker Services Only	30	26.79
Homemaker and Certified Home Health Agency	30	26.79
Other Services	51	45.54
Health Service Area Distribution		
HSA 1 - Western Massachusetts	20	16.95
HSA 2 - Central Massachusetts	13	11.02
HSA 3 - Northeastern Massachusetts	9	7.63
HSA 4 - Greater Boston	43	36.44
HSA 5 - Southeastern Massachusetts	23	19.49
HSA 6 - North Shore	9	7.63

Figure 3
Volume Categories

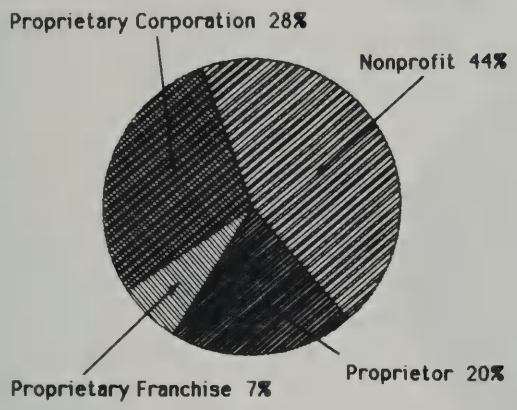


Figure 4
Organization Type

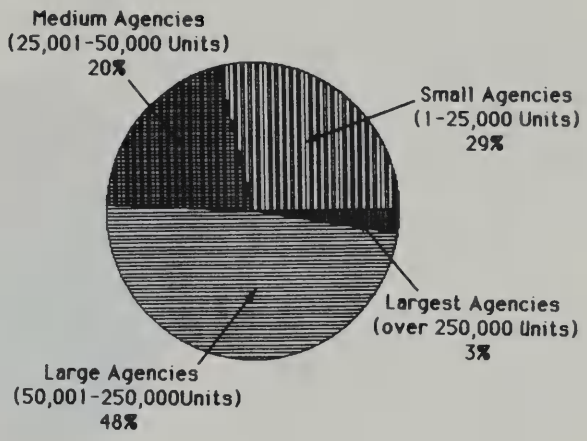


Figure 5
Service Mix

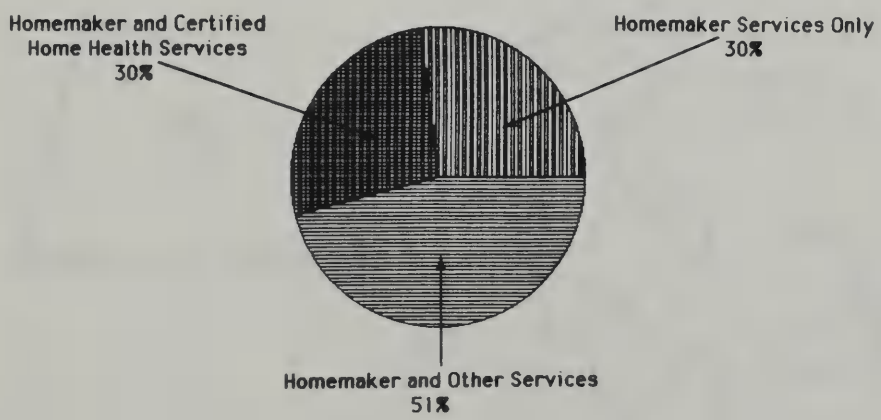
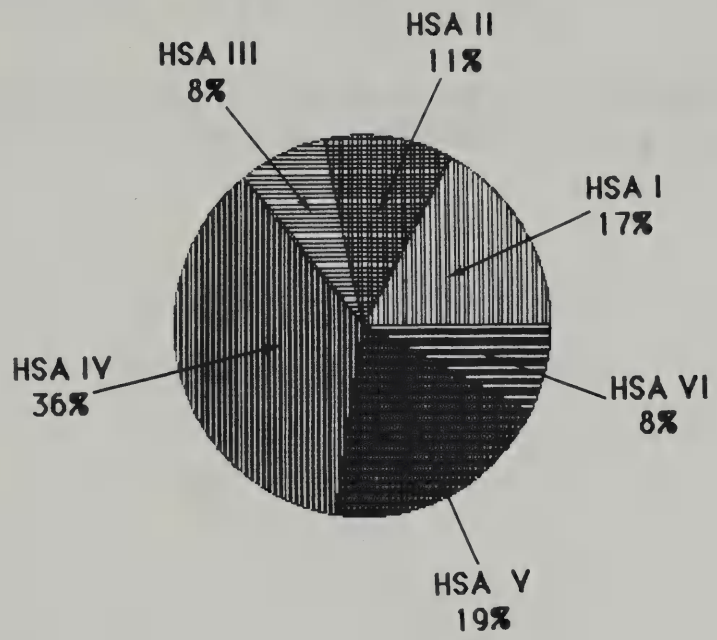
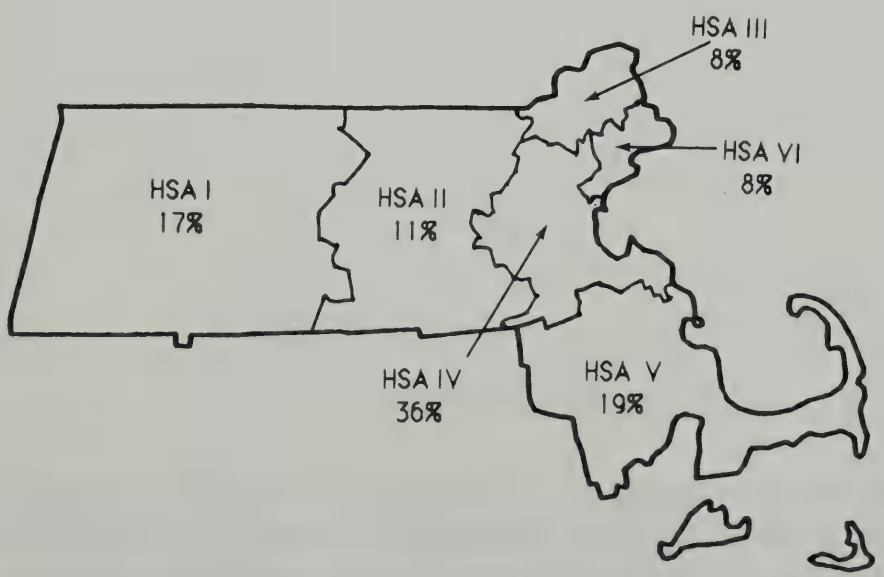


Figure 6
Health Service Area Distribution





Analysis

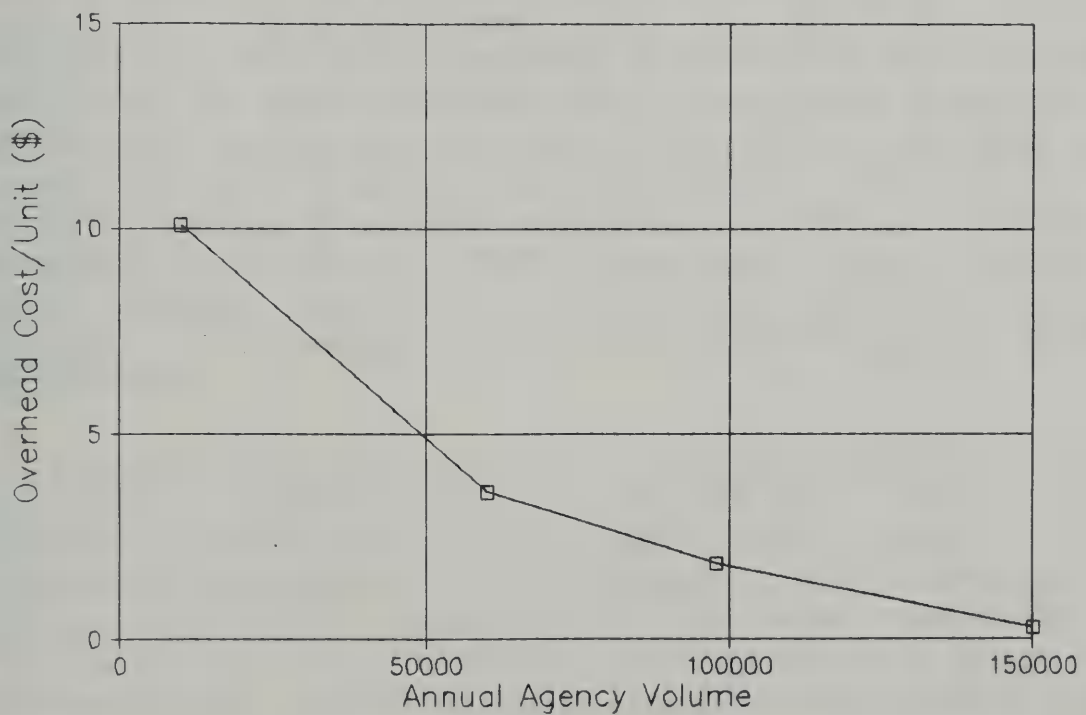
A) Economic

One of the most striking results of the cost analysis of the 118 agencies was the identification of economies of scale in overhead expenses. Marginal overhead costs decrease exponentially as agency volume increases. The regression line which best fits the data is as follows:

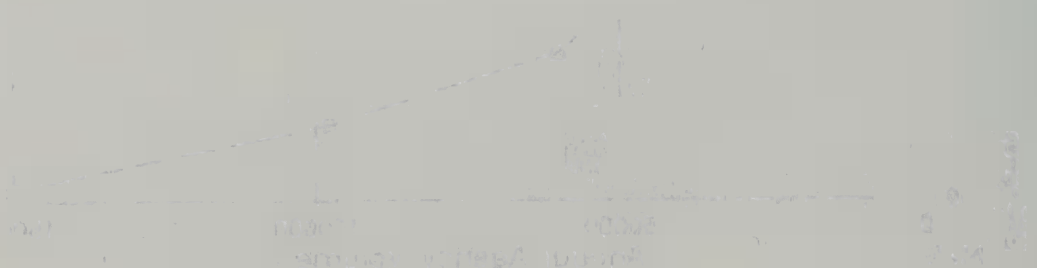
Overhead unit cost = -3.62(Natural log of volume) + 43.42
where -3.62 is the slope and 43.42 is the y intercept.

Figure 7
Overhead Costs

Dramatic Economies of Scale



For agencies with very small volume, the unit overhead cost is high. For an agency providing 10,000 hours of homemaker service annually, each hour contains $10.08 of overhead cost (overhead is defined as all costs other than direct care workers' salary and benefits). The slope of the cost curve



becomes less steep at approximately 60,000 annual hours of service, at which point the overhead unit cost is $3.59. Overhead unit cost decreases to $1.84 at approximately 98,000 hours, and to $0.28 at 150,000 hours. See Figure 7 (page 11).

Proprietary homemaker agencies tended to be larger, and thus had lower overhead unit costs, than not-for-profit agencies. The mean annual volume among proprietary agencies was 75,189, while not-for-profit agencies performed an annual mean of 40,183 hours of service ($t = 2.704$, $p = .009$). Proprietary agencies experienced a mean overhead unit cost of $2.60 compared to $3.44 among not-for-profit agencies ($t = 2.297$, $p = .025$).

B) Labor

Employers in the service industries have been described as providing fewer employee benefits than employers in other sectors, such as manufacturing. However, among the 66 survey respondents who provided information on benefits, 48 offered health insurance to their employees (73%), 58 offered some paid vacation or holiday time (88%), 24 offered paid sick leave (36%), and 55 paid for their employees' travel time between clients (83%). Not-for-profit agencies provided paid sick leave to their employees at a significantly higher frequency than proprietaries. Only 7 of the 30 proprietary agencies offered sick pay, while 17 of the 36 not-for-profit agencies did so ($x^2 = 4.036$, $p = .045$). There were no other differences in benefit packages between not-for-profit and proprietary agencies. Prevalence of employee benefits did not vary significantly across regional labor markets.

In a state with an unemployement rate of less than 2.5 percent, recruiting and keeping homemaker workers is very difficult. Problems with recruitment appeared to be significantly more evident in the state's large urban areas, including Boston and its North Shore suburbs, Lawrence, Lowell, Haverhill, Fitchburg and Leominster, and the Worcester labor market area ($x^2 = 45.93$, 24 d.f., $p = .018$). These areas, with the exception of Boston, also reported providing financial incentives such as annual bonuses to retain employees ($x^2 = 175.22$, 98 d.f., $p = .000$).

All of the homemaker agency survey respondents use advertising to recruit workers; exclusive reliance on advertising was the most prevalent approach ($n = 21$). Table 3 (page 13) illustrates recruitment methods reported by respondents.

Table 3
Frequency of Recruitment Methods
Among Homemaker Agencies

Method	Frequency
Advertising Alone	24
Advertising, and Job Fair	4
Advertising, Job Fair, Employee Referral	8
Advertising, Job Fair, Employee Referral, and Government Listing	9
Advertising, Job Fair, Government Listing	3
Advertising, Employee Referral	7
Advertising, Empoyee Referral, and Government Listing	6
Advertising and Government Listing	2
Total	60

Of the 31 agencies reporting how they retained workers, financial incentives were the most common (n = 25). Five agencies reported "quality of life" measures such as employee-of-the-month awards, support services, and "good working conditions". One described offering a career ladder for employee advancement, and 3 offered both financial incentives and a career ladder.

On average, 12 homemaker agencies serve each geographic area. However, concentration of agencies varied, with urban areas containing the highest concentration. Agencies reporting recruitment problems tended to face strong competition from other agencies in the same region. Fifty-eight percent of survey respondents served the greater Boston and North Shore labor market areas. Three other major urban areas, Worcester, Springfield, and the Lawrence/Lowell/Haverhill region each represented 9 percent of the survey respondents. Thus, 76 percent of responding agencies were located within five major labor market areas. Table 4 (page 14) displays billing and payroll statistics for April, July and October of 1986 as reported by the homemaker agencies. Between April and July 1986, the average number of workers per agency and the average number of hours billed per agency

dropped simultaneously by 5.3 percent and 5.5 percent respectively. During the same period, the average number of hours paid to direct workers dropped by only half that amount (2.6%), and travel hours increased by 7.6 percent. This suggests that the remaining workers worked more hours, although not necessarily performing billable functions, and traveled farther to make up for some of the unmet demand. The Home Care Corporation statistics (Table 1 on page 5) revealed only a 2.3 percent increase in unfilled hours during this time.

Table 4
Homemaker Agency Statistics

Average	April '86	July '86	October '86
Avg. Hours Billed Per Agency	1,536	1,452	1,466
Avg. Hours Paid Direct Workers Per Agency	1,514	1,476	1,482
Avg. Number Direct Workers Employed Per Agency	86	82	81
Avg. Paid Travel Hours To Direct Workers Per Agency	79	85	82
Avg. Hours Per Agency Paid By Executive Office Of Elder Affairs	1,242	1,187	1,201
Avg. Hours Per Agency Paid By Other States Agencies	483	301	235

N.B. "Direct Workers refers to homemakers, personal care homemakers, and home health aides who perform direct care services.

THE WORKERS

OVERVIEW

There are three types of homecare workers: homemakers; personal care homemakers; and, home health aides. Briefly, homemakers are the least skilled of the three worker categories. Their activities are limited to meal planning and preparation, shopping and light housekeeping. Homemaker services are designed to assist individuals sustain independent living, and the homemakers are not authorized to have any physical contact with their clients. Personal care homemakers have had an additional 17 hours of training and provide such hands-on services as bathing, shaving, toileting, dressing and ambulating the client. Although quite similar, home health aides generally work for Medicare-certified home health agencies and serve as an adjunct to skilled nursing and restorative therapy care.

METHODOLOGY

Information regarding the workers themselves was collected using a separate questionnaire which focused on demographic information, work behavior and job satisfaction. The format of the questionnaire utilized a combination of multiple choice, fill in the blank and open-ended questions. The goal of the questionnaire was twofold. First, we wanted to gather as much information about the current homemaker workforce as possible in order to gain a better understanding of who is providing care to the homebound residents of Massachusetts. Second, this information was used to develop a reimbursement system that would attempt to alleviate the worker shortage.

Based on the information provided by the Homemaker Agencies regarding the number of workers they employ, it was estimated that there were approximately 12,000 homemakers in the state. Questionnaires in English, Spanish, French, Portuguese and Chinese were mailed to each of the homemaker agencies for distribution to the workers. Collection of the confidentially completed copies was also handled by the agencies. Of the 12,000 questionnaires distributed, approximately 3,600, or 30%, were returned. A random sample of 1,181 responses was analyzed for this study.

THE WORKERS

RESULTS

A) Demographic Profile

The majority of workers are white, English speaking, high school graduates. The average age is 45. Of the 54 percent who reported having children, the average number is 2. (See Appendix: Worker Profile on page 20 for complete description and statistics.) It originally was believed that the average age of workers in Boston differed from workers in other parts of the state. Anecdotal information had suggested that Boston workers were older, while workers in the western part of the state were younger and oftentimes part-time students. However, analyses did not support this belief ($P = .44$).

B) Income and Benefits

About a third of the workers reported having no income other than that which they received from their homemaker job. For an average of 20.8 working hours per week, homemakers reported that they took home $96.37 net of taxes and deductions. The majority of workers (67%) reported having health insurance of some kind, although only 8 percent received it from their homemaker job. Health insurance was obtained either through a family member's job, Medicaid, Medicare, another job that they hold, or some other source. The results suggest that various demographic factors are associated with insurance status. Insurance varied by geographic area, with workers in central and northeastern Massachusetts, and the North Shore tending to have a greater prevalence of insurance coverage than those in other areas ($P < .02$). Insurance status also varied by age category ($P < .01$). Workers over the age of 61 were over-represented among the insured, as probably most workers in this age group are insured by Medicare. Also a significant number of insured workers were in the 40 to 50 year age-range, while the younger workers had the lowest prevalence of insurance.

Another analysis indicated that workers with longer tenure had a greater likelihood of having health insurance ($P < .01$). Workers who had worked less than one year with their agencies had the least chance of having health insurance. A related finding concerns the relationship between hourly wage and insurance status. Workers making over the average hourly wage tended also to be more likely to have health insurance ($P < .01$).

C) Job Satisfaction/Work Behavior

Despite the popular perception that this work is unrewarding, workers reported being quite satisfied with their jobs. Over 70 percent said that they liked their jobs "very much", with the remainder stating that the job was "O.K." When asked what other types of jobs that they would be interested in applying for, 40 percent said that they would want to stay in human service positions. This suggests that the homemaker workforce is different from that of other industries. The independent, client-oriented nature of their work seems to be attractive to homemakers.[3]

Workers vary considerably in their preference for various job improvements. Many non-wage enhancements were highly rated. While the most common responses for improved job satisfaction were increased pay (17%) and better working conditions (9%), other responses included health insurance, paid leave, travel and mileage reimbursement, and day care. These responses suggest that recruitment strategies may not be universally effective across all sectors of the workforce.

Homemakers represent, by and large, a part-time workforce. The majority work about 4 days a week for a total of about 20 hours. They make 8 visits, on average, and spend about 3 hours in transit each week. It seems, however, that despite the labor shortage and the significant numbers of clients that cannot obtain the hours of service that they need, there still are homemakers who say that they would like to work more hours each week than they are assigned. See Figure 8 (page 18). In fact, if homemakers actually worked the number of hours that they requested, then a significant portion of the unmet need would be met. Almost 26 percent of the workers said that they would like to work additional hours, on average requesting about 9 extra hours. This mismatch seems to suggest that there may be some scheduling problems and that the work potential of homemakers is not utilized in the most efficient manner.

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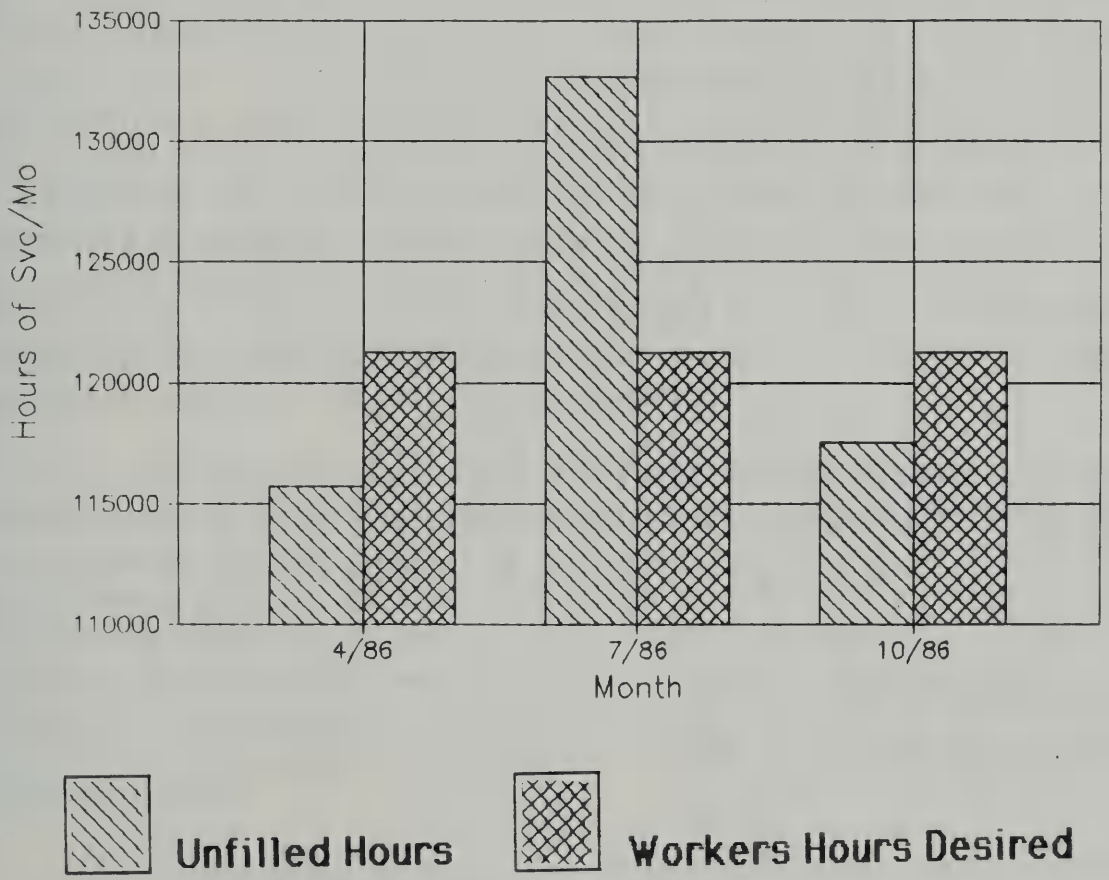
[3] It is possible that the homemakers who were not satisfied with their jobs had already left the industry.

Figure 8

Unmet Need Vs. Desire To Work

System Inefficiency



DISCUSSION

Developing a policy for caring for homebound frail elders must become a priority for state and federal governments. The demographic trends will only serve to increase the financial and political pressure for a humane, cost-effective approach to long-term care. Already, Massachusetts elders are being underserved by 15 percent each month. Policy makers need to consider ways to encourage a sufficient supply of home care services.

Under its current structure, the homemaker industry may not be operating at peak efficiency. The hierarchical layers between financing and providing services may impede efficient resource allocation. The corporate structure of many agencies may further exacerbate inefficiencies. The results of this study show that the largest segment of homemaker agencies are for-profit, multi-service entities. Homemaker services may represent only a subsidiary interest to these corporations. The role of home care may in part serve as a marketing tool, as well as provide a basis for sharing fixed costs from other lines of business. Economic incentives, therefore, should be examined to encourage these businesses to maximize their operating efficiency within the home care industry. Not-for-profit agencies also need to examine their market placement and position themselves where their services are most needed and where they can best recruit workers.

The worker shortage needs to be addressed through creative labor and reimbursement policies. The labor supply might be enlarged by recruiting and training people not currently in the workforce, such as retired individuals, recent immigrants, and students. The adaptable, part-time nature of the work should appeal to a non-traditional, diverse population. A flexible reimburse- ment policy, which allows homemaker agencies to tailor compensation packages to conditions in their local labor market and similarly to target specific subgroups, is crucial to reaching a sufficient number of workers.

Comprehensive information is essential to finding solutions to this complex and increasingly potent problem. The Massachusetts Rate Setting Commission database has laid the groundwork for examining the many sides of the home care service shortage. The implications of these data should be considered carefully when evaluating the various social and economic policy options concerning the elderly.

APPENDIX: WORKER PROFILE

Demographic Information

Average Age of Worker: 45 years old
(Range = 17-81 years old, S.D. = 13)

Percent of Respondants that are High School Graduates:

71.5%	Yes
27.5%	No
1.0%	No Response

Race:

11.6%	Black
77.9%	White
2.7%	Hispanic
2.6%	Asian
1.8%	Native American
0.9%	Other
2.5%	no response

Workers that have Children:

54.19%	Yes
45.81%	No or No Response

Average Number of Children, Among Workers with Children: 2
(Range 1-6 children)

Other Sources of Income:

35.1%	None
11.8%	Another Job
12.5%	Government Assistance(e.g. social security, welfare)
25.0%	Other Family Member's Income
4.3%	Other
6.8%	Combination of Above
4.5%	No Response

Average Number of Hours Worked in Other Job, if any: 19.7 hours
(Range = .5-60 hours, S.D. = 12.67)

Health Insurance Status

Presence of Health Insurance among Homemakers:

66.6%	Yes
31.3%	No
2.1%	No Response

Source of Insurance, among Homemakers that are Insured:

7.7%	Homemaker Job
3.1%	Another Job
33.9%	Family Member's Job
5.4%	Medicaid
2.9%	Medicare

(continued)

Health Insurance Status

(continued)

13.5% Other
33.5% No Response

Percent of Homemakers that Pay for Health Insurance:
28.7% Yes
71.3% No or No Response

Of Workers that do not Receive Insurance Free, Average Amount Paid by Homemaker: $15.24/week (Range $.40-142.00, S.D.=$14.59)

Homemaker Job Related Information

Average Homemaker Wage per Hour: $5.55
(Range = $2.85-$7.75, S.D. = .44)

Benefits Homemakers Stated that They Would Like to Receive:
17.8% Health Insurance
0.3% Day Care
19.5% Paid Leave (Sick, Vacation, Holidays)
0.7% Generally Better Working Conditions
1.4% Pension
2.5% Travel and Mileage Pay
6.1% Other
20.7% Combination of Above
37.4% No Response

Number of Workers that Completed Personal Care Homemaker or Home Health Aide Training:
72.0% Yes
25.2% No
2.8% No Response

Workers that Recieve Higher Pay for Completing Additional Training:
16.9% Yes
15.9% No
67.2% No Response or Don't Know

Workers Expressing Interest in Additional Training:
13.6% Yes
17.3% No
69.1% No Response

Mode of Transportation Used to Visit Clients' Homes:

7.2%	Walk	0.4%	Taxi
63.9%	Drive Car	0.4%	Other
16.2%	Bus/Subway	11.4%	Combination of Above
0.2%	Bicycle	0.5%	No Response

(continued)

Homemaker Job Related Information

(continued)

Average Tenure with Homemaker Agency: 3.9 years
(Range = .01 to 40 years, S.D. = 3.89)

Other Types of Jobs Workers Would be Interested In:

2.0%	Restaurant
0.8%	Maintenance
3.2%	High Tech
34.1%	Other Health Care
5.9%	Day Care
3.4%	Stores
19.8%	Other
12.1%	Combination of Above
18.6%	No Response

Amount Workers Like Homemaker Job:

70.5%	Very Much
27.1%	It's O.K.
0.0%	Not at all

Ways to Make Job Better:

4.4%	Health Insurance
17.0%	More Pay
1.6%	Paid Leave
9.9%	Better Working Conditions
2.5%	Travel and Mileage Pay
0.1%	Day Care
8.5%	Other
17.1%	Combination of Above
38.3%	No Response

Average Number of Hours Worked per Week at Homemaker Job:
20.8 hours (Range = .12-65 hours, S.D. = 11.22)

Average Number of Days Worked per Week:
4 days (Range = 1-7 days, S.D. = 1)

Average Number of Clients Visited per Week:
8 clients (Range = 1-35 clients, S.D. = 5)

Average Number of Hours Spent Traveling to Clients' Homes per Week: 2.9 hours (Range = .08- 14.5 hours, S.D. = 2.24)

Average Take Home Pay per Week: $96.37 per Week
(Range = $1.00-$259.00, S.D. = 49.86)

Percent of Workers who Stated that They Would Like to Work More Hours than They Do:

25.74%	Yes
68.50%	No
5.76%	No Response

Average Number of Additional Hours Requested: 9.13 hours
(Range = .5-40 hours, S.D. = 7.48)

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